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## BIB DATA SHEET

CONFIRMATION NO. 9972

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/613,650	07/11/2000	435	1797	36671-716.505
<b>RULE</b>				

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 08/828,041 03/27/1997 PAT 6,156,270  
 which is a CIP of 08/447,895 05/23/1995 PAT 6,019,944  
 which is a DIV of 08/065,528 05/19/1993 ABN  
 which is a CIP of 07/887,526 05/21/1992 PAT 5,458,852  
 and is a CIP of 08/810,569 03/03/1997 PAT 6,143,576  
 which is a CIP of 08/447,981 05/23/1995 PAT 5,885,527  
 which is a DIV of 08/065,528 05/19/1993 ABN  
 which is a CIP of 07/887,526 05/21/1992 PAT 5,458,852  
 and is a CIP of 08/902,775 07/30/1997 PAT 6,271,040  
 which is a CIP of 08/810,569 03/03/1997 PAT 6,143,576

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 10/18/2000

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No /LYLE ALEXANDER/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 18	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
 Inverness Medical Innovations / WSGR  
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 UNITED STATES

**TITLE**  
 DIAGNOSTIC DEVICES FOR THE CONTROLLED MOVEMENT OF REAGENTS WITHOUT MEMBRANES

<b>FILING FEE RECEIVED</b> 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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